

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 589131

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						
2	1						
3	1						
4							
5							
6							
7							
8		3					
9		0					
10	1						
11	1						
12	2						
13	0						
14	1						
15	1						
16	1						
17	1						
18	1						
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TOTAL IND.	7		↓		↓		↓
TOTAL DEP.	16	←		←		←	
TOTAL CLAIMS	23	████████		████████		████████	

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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99							
100							
TOTAL IND.			↓		↓		↓
TOTAL DEP.		←		←		←	
TOTAL CLAIMS		████████		████████		████████	